

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. 09785730	FILING DATE 02-15-01					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68	1					
19							69		1				
20							70		1				
21							71	1					
22							72		1				
23							73		1				
24							74		1				
25							75		1				
26							76		1				
27							77		6				
28							78		6				
29							79		6				
30							80		1				
31							81		1				
32							82		1				
33							83		1				
34							84		1				
35							85		1				
36							86		1				
37							87		1				
38							88		1				
39							89		1				
40							90	1					
41							91		1				
42							92		1				
43							93		1				
44							94		1				
45							95		1				
46							96		1				
47							97		1				
48							98		1				
49							99		1				
50							100		1				
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	45					
TOTAL CLAIMS							TOTAL CLAIMS	48					